

# Housing Activity –Tracking Sheet -

City/County \_\_\_\_\_ Project # \_\_\_\_\_  
(Update and Submit a Copy With Each RFF)

House Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

Type of Construction \_\_\_\_\_  
(Rehab/Demolition/Substantial Reconstruction/Relocation)

Occupant \_\_\_\_\_  
Phone \_\_\_\_\_

Renter/Owner (circle one) LMI or 25% pay (circle one)

General Contractor \_\_\_\_\_

Maximum RFF#	<u>Construction Contract</u>		
	\$15,000 RFF Amount Rehabilitation	\$6,000 RFF Amount Lead/ADA	\$21,000 RFF Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Payments: \$ _____		\$ _____	\$ _____

Amount of Contract \$ \_\_\_\_\_  
Change orders \_\_\_\_\_  
Change orders \_\_\_\_\_  
Change orders \_\_\_\_\_  
Change orders \_\_\_\_\_  
Change orders \_\_\_\_\_

Other contracts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Contracts paid with CDBG Funds: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Maximum \$600.00  
\*Lead Risk Assessor \* \_\_\_\_\_  
\*Risk Assessor Contract \$ \_\_\_\_\_

Lead Reduction Contractor \_\_\_\_\_  
Lead Rehab Contract \$ \_\_\_\_\_

RFF	Contractor	RFF Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

RFF	Contractor	RFF Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Termite Inspection Contractor \_\_\_\_\_  
RFF Contractor RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_

\*Supportive Services \_\_\_\_\_  
RFF Contractor RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_

Termite Treatment \_\_\_\_\_  
RFF Contractor RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_

\*Budgeting Contract \_\_\_\_\_  
RFF Contractor RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_

Asbestos Inspection Contractor \_\_\_\_\_  
RFF Contractor RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Contracts \_\_\_\_\_  
RFF Contractor RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Carbon Monoxide Testing \_\_\_\_\_  
RFF Source RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_

Heating System Inspection \_\_\_\_\_  
RFF Source RFF Amount  
\_\_\_\_\_  
\_\_\_\_\_

Note: \* Lead Risk Assessor and Supportive Services are not included in Rehabilitation Construction totals.